

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____	In re Application of: Hyman et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number: 10/001/643</td> <td style="width: 50%; padding: 2px;">Filed: October 31, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> For: IN VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE </td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: 3737</td> <td style="padding: 2px;">Examiner: Amanda L. Lauritzen</td> </tr> </table>	Application Number: 10/001/643	Filed: October 31, 2001	For: IN VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE		Group Art Unit: 3737	Examiner: Amanda L. Lauritzen
Application Number: 10/001/643	Filed: October 31, 2001						
For: IN VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE							
Group Art Unit: 3737	Examiner: Amanda L. Lauritzen						

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- | | |
|--|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$ _____ |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$ <u>865</u> |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$ _____ |

- ☒ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

_____ /Michael L. Goldman/ Signature	_____ December 31, 2008 Date
_____ Michael L. Goldman Typed or printed name	_____ (585) 263-1304 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.